

Name: _____

Record Form #: _____

Dates: _____ to _____

North Carolina Board of Nursing
NP Continuing Education Record Form

*You may use this form to record your relevant CE. Use as many of the forms as needed.
The Board may request documentation of entries at any time.*

CE Activity <ul style="list-style-type: none">If provided by an accredited sponsor (ANCC, AANP, NCC, PNCB or ACCME, Category I, other national credentialing bodies or practice relevant courses in a institution of higher learning), enter sponsor's name and location, note type/nature of activity	Practice-Relevant Subject	Date(s)	Hour Value

**(Must total at least 50 hours every year from birth month renewal to birth month renewal)
(Refer to the NP Rule 21 NCAC 36.0807.)**